Space is Limited!
Return completed application no later than June 7th.

Dr. Lena Edwards

ACADEMIC CHARTER SCHOOL

COMPASSION - DILLIGENCE - INTEGRITY - RESPECT - RESPONSIBILITY

509 BRAMHALL AVENUE, JERSEY CITY, NEW JERSEY 07304, 201-433-5300

Registration Form/ COMPLETE Direction Summer Bridge Session 2018

(July 9 – August 2) Monday - Thursday

8am – 2pm

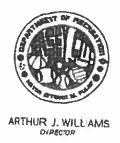
| Last Name: | | First Name: | |
|--|---|---|--|
| | | Homeroom Teacher: | |
| | | Relationship: | |
| | | | |
| | | Secondary Contact Phone #: | |
| In case of emergency please | notify: | | |
| Name: | Primary Phone #: | Secondary Phone #: | |
| (PLEASE CHECK My Child:()does/(fully participating in this proj |)does not have a k | known medical condition that would prohibit him/her from | |
| If your child has any medical | condition that require | s special equipment, medication etc. please explain: | |
| | nome from the site at co | losing without adult supervision: | |
| Adult responsible for pick-up | • | Relationship: | |
| | | Primary Phone #: | |
| | | about Financial Aid through Urban League.*** | |
| YESNO | ONE) | | |
| *Please be aware that this is no advancement towards the next g | t a Summer School, the grade for a student who | refore participation success in this Program will not aid toward has failed a subject for the 2017-2018 school year. | |
| " who will drink or alle albice | HELLE WHO SCHOOL DESCHA | understand the above information. My signature also certifies ces used to enforce the policies & procedures in place. By provided on the form is accurate and up to date. | |
| Signature: | | | |
| | | | |

Open to AU Students



CITY OF JERSEY CITY DEPARTMENT OF RECREATION

CAVEN POINT COMPLEX | 1 CHAPEL AVENUE | JERSEY CITY, NJ 07305 P: 201 547 5003 | P: 201 547 5593



MAYOR STEVEN M. FULOP THE JERSEY CITY MUNICIPAL COUNCIL

&

THE DEPARTMENT OF RECREATION SUMMER FUN REGISTRATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

| take part in any recreational programs. | _ | T and part 15 allowed | |
|---|---|---|--|
| Name: | M | ale() Female() | |
| Address: | Zip Code | Ward: | |
| School/Grade: | | Shirt Size: | |
| Date of Birth: Age: | Email Address: | | |
| Parent/Guardian Name: | Soc. Sec # (Last 4 d | digits only): | |
| Home Phone: | Cell Phone: | gito oilly). | |
| Number of Household Members: | Permission to Post Pict | ures. Yes No | |
| Person to Notify in Case of Emergency: | Phone # | | |
| ************** | ********** | ******** | |
| The Department of Recreation is offering "Free | | | |
| Please check for your child to participat | re: YES | NO | |
| As determined by my physician, I believe parent of the above named child am not aw would result in being impaired during Recreation activity program designated above the event of an emergency. I also give permit photos/videos for recreational purpose only. set forth by the Jersey City Department of Jersey City and the Jersey City Department of | participation with the Jerse ve. I empower the staff to ex ssion for my child to attend f I hereby agree to abide by t Recreation. I also agree to he of Recreation's employees and | ous disease or injury that ey City Department of ercise reasonable care in field trips and partake in the rules and regulations | |
| 60 | Initials: | | |

Summer Fun Camp Child Medical History and Information Form

Please Print Child's Full Name Gender Birthdate Please check illness your child has had Chicken Pox ____ Measles __ Rubella ____ Hay Fever ___ Rheumatic Fever ____ Asthma_____ Epilepsy _____ Mumps____ Diabetes____ Surgery/Accident/Illnesses/Chronic Health Problems_____ Describe any physical condition requiring special attention Check those allergies staff should be aware of fill in below this section other required information that will assist in caring for your child until he/she receive proper medical attention. Food (type) Insect bites/stings____ Penicillin Other Drugs Physician Healthcare Professional Phone Address Medical Insurance Company Group# ____ Dentist Name Phone Address Hospital of Choice Phone Address Any intolerance to drugs, medication, sunscreen or food? This health record and information is correct as far as I know and my child, whose name appears above, has parental permission to participate in all Summer Fun Camp activities sponsored by the City of Jersey City Department of Recreation. If there are any Summer Fun Camp activities that I believe my child should be excluded from, I will attach a written statement to this form for the attention of the Camp Coordinator. Parent/Guardian Parent/Guardian____

Print Full Name

Full Signature